

Patient Navigator Scope of Practice in the COVID-19 Response

Telehealth: Patient navigators (PNs) may return phone calls or call established clients, including those with minor acute and chronic illnesses. PNs may conduct in-reach or outreach. ¹ This means that PNs can call clients that have been seen recently or those that have been out of touch for a while.

Documentation: During a call, all client information should be noted on standardized forms and/or entered into the electronic health record. Most importantly, PNs should make sure to inform the MD or the RN about immediate client needs or red flags.

COVID-19 Risk Factors: PNs may ask clients directly about risk factors for contracting or spreading the coronavirus. PNs should follow a checklist or standard set of questions when asking clients about specific information related to COVID-19. ⁶

Non-Medical Advice: PNs should give only non-medical advice. Examples of non-medical advice include talking to clients about...

- Staying safe by staying at home, wearing a mask when in public, frequent handwashing, having no contact with other humans or pets when they feel sick;
- How to overcome barriers to staying healthy while physically isolated (staying socially connected, remaining physically active, setting goals, keeping routines);
- Ideas how clients can safely see a doctor, get a prescription filled, or get groceries;
- Relaying information, such as asking “Do you have any questions that I can pass on to the doctor or the nurse?”
- Upcoming appointments and medication refill reminders;
- Follow up after appointments: What information does the client remember from the last visit? (PNs may ask client to teach the information back to them.) Does the client have unanswered questions?
- The client’s wellbeing: Is the client stressed, anxious, depressed? PNs should gently guide clients towards mental health resources.

Standard Order Sets: PNs may follow standard orders according to organizational policies and procedures. Standard order sets can help clients obtain medication refills or laboratory testing when certain criteria are met. ⁴

Connecting to Community Resources: PNs might find out that certain clients have no transportation, no insurance, or limited access to food and safe housing. PNs should connect clients with resources so that these priority needs can be met. PNs can call or access [2-1-1 Colorado](#) to find community resources for clients within their area. [2-1-1 Colorado](#) also answers COVID-19 related questions and has resources for testing and treatment. Suspicion of domestic violence involving children should be immediately reported by calling 844-CO-4-KIDS. Suspicion of older adult abuse or abuse of those with disabilities should be immediately reported by calling the local [Adult Protective Services Department](#).

Scope of Work: PNs need to know their own responsibilities but also what falls outside of their scope. This means that all PNs need to know the role of other (licensed) providers on the care team so that

they can hand off or refer appropriately. For a list of in-scope activities for unlicensed personnel and licensed providers click [here](#). Please always follow facility protocols and job descriptions. [This link](#) provides example job descriptions in checklist format for facilities that are developing or revising position descriptions for licensed care coordinators and unlicensed PNs.

Registered Nurse Scope of Practice in the COVID-19 Response

Scope of Practice: Registered nurses (RNs) are responsible for assessing clients, identifying whether clients need medical and/or psychiatric help, and evaluating the responses to interventions and treatments. Generally, nurses are licensed to engage with clients in the following:

- **Triage:** Assessing clients in a telephone or video interview to determine their care needs
- **Plan of care:** Identifying client problems and developing a plan of care
- **Applying clinical judgement:** Prioritizing client needs and fast-tracking clients accordingly
- **Education:** Educating clients about medical conditions, medications, warning signs, and when/where to seek help
- **Outcome evaluation:** Following up on client safety and the quality of delivered care

Delegation: RNs may only delegate to unlicensed personnel (UP) if oversight can be assured. RNs remain responsible for the outcomes of all delegated activities. Generally, it is ok for RNs to delegate tasks such as filling out intake checklists, obtaining vital sign measures, and screening clients if the UP has the appropriate skill through training and experience. RNs should always follow organizational policies and procedures. For more information about RN delegation please refer to the [American Nurses Association \(ANA, 2012\) Principles of Delegation](#) and [NCSBN \(2015\) National Guidelines for Nursing Delegation](#).

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Resources

1. The concepts of inreach and outreach are explained on the panel management page of the Center for Excellence in Primary Care <https://cepc.ucsf.edu/panel-management>.
2. [Box](#): All Files > COVID19 Response > Delegation Material > Roles Licensed vs Unlicensed.pdf
3. [Box](#): All Files > COVID19 Response > Delegation Material > Care Coordinator Job Descriptions RN and PN
4. Standard order sets explained for Navigators: <https://cepc.ucsf.edu/standing-orders> and for Prescribing Providers: [Grissinger, Matthew \(2014\). Guidelines for standard order sets. *Pharmacy and Therapeutics*, 39\(1\). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3956384/>](#)
5. National Council of State Boards of Nursing (NCSBN). (2015). National guidelines for nursing delegation. https://www.ncsbn.org/NCSBN_Delegation_Guidelines.pdf
6. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>